

4287

more than one child at a birth, a SEPARATE RETURN must be made for each, and each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS <u>127</u>	State Index No. <u>510</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>309</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or _____	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>Rosalie Ruth Tredaway</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } NO	
Sex of Child <u>female</u>	Twin, Triplet or other <u>No</u>	and } Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>
Date of Birth <u>Nov 18</u>	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name <u>James W. Tredaway</u>	Full Maiden Name <u>Ruth Graham</u>		
Residence <u>Miami - Ariz.</u>	Residence <u>Miami Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>29</u>	Color or Race <u>White</u>	Age at last Birthday <u>25</u>
	(Years)		(Years)
Birthplace <u>Michigan</u>	Birthplace <u>Calo.</u>		
Occupation <u>Carpenter</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 18 1915, at 1220 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) B. W. Hardy, M.D.
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 1915

Address Miami, Ariz.

Filed Nov 26 1915 John H. Loe
LOCAL REGISTRAR.

Filed Dec 10 1915 B. G. Fox
A True Copy
COUNTY REGISTRAR.